



SECTOR #

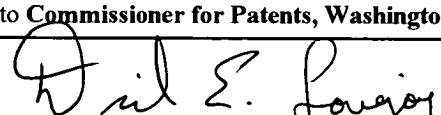
A2


## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE


<b>TRANSMITTAL FORM</b>	Application SC/File No.	09/624,747	
	Filing Date	07/24/2000	
	First Inventor	Drew Shaffer Roselli	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in this Submission	7	Attorney Docket No.	ATAE-01015US0

To:  
Commissioner for Patents,  
Washington, DC 20231

ENCLOSURES	Pages	ENCLOSURES	Pages
[ <input checked="" type="checkbox"/> ] This TRANSMITTAL FORM (sb21)	1	[ <input checked="" type="checkbox"/> ] Copy NOTICE TO FILE MISSING PARTS	1
[ <input checked="" type="checkbox"/> ] FEE TRANSMITTAL FORM (sb17)	1	[ <input checked="" type="checkbox"/> ] DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	3
[ <input type="checkbox"/> ] PETITION TO EXTEND TIME (sb22)		[ <input type="checkbox"/> ]	
[ <input type="checkbox"/> ] REPLY TO OFFICE ACTION 37 CFR §1.111		[ <input type="checkbox"/> ]	
[ <input type="checkbox"/> ] INFORMATION DISC STATEMENT (sb08)		[ <input type="checkbox"/> ]	
[ <input checked="" type="checkbox"/> ] POST CARD	1	[ <input type="checkbox"/> ]	
SubTotal Number of Pages	3	SubTotal Number of Pages	4

CERTIFICATE OF MAILING		37 CFR §1.8
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to <b>Commissioner for Patents, Washington, D.C. 20231</b> , on the Signature Date below.		
David E. Lovejoy (Reg. No. 22,748)		Signature Date: <input checked="" type="checkbox"/> November 15, 2000

SIGNATURE OF ATTORNEY		
David E. Lovejoy (Reg. No. 22,748)		Signature Date: <input checked="" type="checkbox"/> November 15, 2000

CORRESPONDENCE ADDRESS		
Name/Address	Customer No.	Communication
David E. Lovejoy 4 Embarcadero Ctr., Suite 400 San Francisco, CA 94111-4156	21603 	Tel: (415) 362-3800 Fax: (415) 362-2928 e-mail: del@fdml.com

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL FORM

(FY2001)

Total Amount of Payment: \$65.00

Application SC/File No.	09/624,747
Filing Date	07/24/2000
First Inventor	Drew Shaffer Roselli
Examiner Name	
Group/Art Unit	
Attorney Doc. No.	ATAE-01015US0

METHOD OF PAYMENT

☒ Payment Enclosed: Check

☒ Deposit Account: The Commissioner is authorized to charge any fee in excess of any Payment Enclosed, if any, and is authorized to charge any additional fees and credit any over payment required under 37CFR§§ 1.16 and 1.17 to the Deposit Account.

Deposit Account Number: 06-1325

Deposit Account Name: Fliesler, Dubb, Meyer & Lovejoy

☒ Small entity status (37CFR§ 1.27) applies in this application.

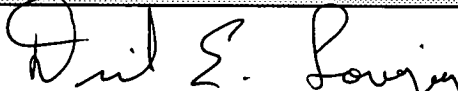
CLAIM FEE CALCULATION

	No. Filed	No. Paid		No. Extra		FEE		Calculations	
Total Claims		-20	=	0	X	\$ 18 (9)	=	\$0.00	
Independent		-3	=	0	X	\$ 80 (40)	=	\$0.00	
Multiple Dep.						\$270 (135)	=	\$0.00	
Basic Fee	Utility Filing Fee (LF Code 114/SF Code 214)					\$710 (355)	=	\$0.00	
Small entity fees .....							↑	Subtotal	\$0000.00

ADDITIONAL FEES

Fee Code	Fee Description	Amount
	Late filing fee, 37 CFR 1.16(e), for a small entity in compliance with 37 CFR 1.27	\$65.00
		<b>Subtotal</b> \$65.00

SIGNATURE OF ATTORNEY

David E. Lovejoy (Reg. No. 22,748)		Signature Date: <input checked="" type="checkbox"/> November 15, 2000
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